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## \*BIBDATASHEET\*

CONFIRMATION NO. 3723

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/731,528	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> UF-340XC1
<b>APPLICANTS</b> Laszlo Prokai, Gainesville, FL; Katalin Prokai, Gainesville, FL; James Simpkins, Fort Worth, TX; Neeraj Agarwal, Fort Worth, TX;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/405,413 04/01/2003 which claims benefit of 60/369,589 04/01/2002 This application 10/731,528 claims benefit of 60/432,354 12/09/2002 <i>7,026,386</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 03/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>BB</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 19
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23557				
<b>TITLE</b> Prodrugs for use as ophthalmic agents				
<b>FILING FEE RECEIVED</b> 450	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	